

Patient Assessment/Management – Medical

LEVEL TESTED: ☐ EMT ☐ EC

Scenario #:

Same
Day
Retest

☐

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____

End Time: _____

Evaluator's Name: _____

Start Time: _____

Evaluator's Signature: _____

Total Time: _____

By signing above, I affirm that to the best of my knowledge, this document is an accurate objective evaluation of the above named candidate. I further affirm that this document was completed in accordance with Office of EMS policies and I have no conflicts of interest or bias for the evaluated candidate.

	Points Possible	Points Awarded
Takes or verbalizes appropriate precautions (PPE) <i>if required based on patient scenario. Award point if N/A</i>	1	
SCENE SIZE-UP		
Determines the scene is safe	1	
Determines the nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY ASSESSMENT		
Verbalizes general impression of the patient	1	
Determines responsiveness / level of consciousness (AVPU)	1	
Determines chief complaint / apparent life threats	1	
Assess airway and breathing	Assessment	1
	Initiates appropriate Oxygen therapy / appropriate adjunct	1
	Assures adequate ventilation	1
Assess circulation	Assesses / controls major bleeding if present	1
	Assesses pulse	1
	Assesses skin (either color, temperature, or condition)	1
Identifies priority patients / makes transport decision / integrates treatments to preserve life	1	
HISTORY TAKING		
History of present illness (investigate chief complaint)		
<input type="checkbox"/> Onset (1 point) <input type="checkbox"/> Provocation (1 point) <input type="checkbox"/> Quality (1 point)	8	
<input type="checkbox"/> Radiation (1 point) <input type="checkbox"/> Severity (1 point) <input type="checkbox"/> Time (1 point)		
<input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
<input type="checkbox"/> Allergies (1 point) <input type="checkbox"/> Medications (1 point) <input type="checkbox"/> Pertinent history (1 point)	5	
<input type="checkbox"/> Last oral intake (1 point) <input type="checkbox"/> Events leading to present illness (1 point)		
SECONDARY ASSESSMENT AND VITAL SIGNS		
Assesses affected body part/system(s) <i>(1 point for each required system – Maximum of 2 points)</i>		
- Cardiovascular - Neurological - Integumentary - Reproductive	2	
- Pulmonary - Musculoskeletal - GI/GU/Endocrine - Psychological/Social		
Obtains vital signs <input type="checkbox"/> Pulse (1 pt) <input type="checkbox"/> Blood Pressure (1 pt) <input type="checkbox"/> Resp rate (1 pt) <input type="checkbox"/> Resp quality (1 pt)	4	
Interventions <i>(verbalizes proper intervention / treatment)</i>	1	
REASSESSMENT (verbalized)		
Repeats primary assessment	1	
Verbalizes reassessment of vital signs	1	
Repeats assessment regarding patient complaint/injuries and interventions	1	
TOTAL:		39

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 101 - Did not determine scene safety
- ☐ 103 - Did not assess for and verbalize administration of appropriate concentration of Oxygen, if indicated
- ☐ 104 - Did not find, or manage, problems associated with airway, breathing, circulation, or shock
- ☐ 105 - Did other assessment before assessing / treating airway, breathing, and circulation
- ☐ 106 - Did not verbalize transporting patient within 10-minute time limit
- ☐ 107 - Did not verbalize appropriate intervention / safe medication administration
- ☐ 108 - Did not obtain 31 or more points

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

Bubble B or 1 on
Scanform if Failed